

2015

OUTSIDE CONTRACTORS RENEWAL APPLICATION

2015

City of Salem, Virginia

Commissioner of the Revenue

114 N Broad Street • P O Box 869 • Salem, VA 24153

Phone (540) 375-3019 Fax (540) 375-3048

skuzmich@salemva.gov

PLEASE PROVIDE AND VERIFY

TRADE NAME:

FED ID# or SS#

NAME AND ADDRESS:

STATE CONTRACTORS #

EMAIL ADDRESS:

LOCAL CONTACT PHONE:

CORP PHONE:

FAX NUMBER:

JOB LOCATION:

LOCAL CONTACT NAME:

☐ CHECK HERE IF YOU ARE A COMPANY THAT DOES NOT INTEND TO PERFORM WORK IN OUR LOCALITY IN THE NEAR FUTURE AND WOULD LIKE FOR YOUR CITY OF SALEM ACCOUNT TO BE CLOSED

A. Total Gross Receipts Generated in Salem for 2014: \$ _____

B. Subtract amount of 2014 Gross Receipts on which you have

Previously paid a business license tax to Salem City: -\$ _____

** Total Does not include building permit fees **

** Do not include amounts paid in 2014 for work done in 2013 **

C. Total Amount of Gross Receipts to be billed at this time = \$ _____

*Difference Between A and B

\$ _____ X .0016 = \$ _____

Amounted Calculated on line C

Tax Rate

Total Amount Due at this time

State or VA Locality in which business is physically located: _____

CONTRACTORS BASED IN A LICENSING JURISDICTION IN VIRGINIA WILL NOT BE BILLED UNTIL COMPLETEING \$25,000 WORTH OF WORK FOR THE YEAR

**City of Salem tax rate for Contractors is \$30.00 for the first \$18,750 in gross receipts plus .16 per \$100 excess **

RETURN WITH PAYMENT BY MARCH 1ST

FOR OFFICE USE ONLY

DATE RECEIVED _____

DATE PROCESSED _____

PAYMENT RECEIVED _____

OTHER _____

ACCOUNT #:

ATTEST: I, the undersigned applicant do swear (or affirm) that the foregoing figures and statements are true, full, and correct to the best of my knowledge and belief.

DATE_____
SIGNATURE OF APPLICANT_____
PHONE # OF PREPARER_____
PRINTED NAME OF PREPARER OR TAXPAYER